

**Local Indian Child  
Welfare Advisory Committee  
Confidentiality Agreement**

I understand that as a volunteer member of the \_\_\_\_\_ Local Indian Child Welfare Advisory Committee team, I may learn of case specific, confidential information about children or families.

I agree to hold in strict confidence all child-specific or identifying information regarding children and families served by the Department of Social and Health Services, as required by RCW 13.50.100, RCW 74.04.060 and applicable federal laws.

I understand that if I release this confidential information in violation of a child or family's confidentiality I will no longer be invited to volunteer as a member of the \_\_\_\_\_ Local Indian Child Welfare Advisory Committee team.

Signature

Date

Print your name here